

**COMBINED
DECLARATION F R UTILITY OR DESIGN
PATENT APPL ATI N (37 CFR 1.63)
AND POWER F ATTORNEY**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number 10833-9"us" GH/cb

First Named Inventor Henry BRUNELLE

Complete if known

Application Number _____

Filing Date _____

Group Art Unit _____

Examiner Name _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERAPEUTIC SHOWER ENCLOSURE

the specification of which

is attached hereto.

OR

was filed on _____
(mm/dd/yyyy)

as United States Application Number or PCT International Application Number _____

and was amended on _____
(mm/dd/yyyy) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
2,380,710	Canada	04-04-2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

Customer Number: **020988**



Direct all correspondence to:



020988

020988

PATENT AND TRADEMARK OFFICE

PATENT AND TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Henry

BRUNELLE

Inventor's Signature

Date

08/03/02

Residence: City

Cap Rouge

State

Québec

Country

CA

Citizenship

CANADIAN

Post Office Address

1226, du Golfe

City

Cap Rouge

Province or State

Québec

Postal Code Or Zip

G1Y 2T5

Country

CA

Additional inventors are being named on the 1 supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

PTO/SB/02A (3-97)

<u>DECLARATION</u>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u>
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Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

Inventor's Signature Stéphane

Residence:

City Charny State Québec Country Canada Citizenship Canadian

Post Office Address 7481, de La Sarcelle

City Charny Province or State Québec

A petition has been filed for this unsigned inventor

Family Name or Surname

BARON

Date 06/03/02

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

Inventor's Signature Marc

Date 06/03/02

Residence:

City Lévis State Québec Country Canada Citizenship Canadian

Post Office Address 7A, rue Lagueux

City Lévis Province or State Québec

Postal Code
Or Zip G6Y 3R3

Country Canada

Family Name or Surname

BELAND

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature Henri

Date 06/03/02

Residence:

City Laval des Rapides State Québec Country Canada Citizenship Canadian

Post Office Address 578, 8ième Avenue

City Laval des Rapides Province or State Québec

Postal Code
Or Zip H7N 4H3

Country Canada

VEYRIE

Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

PTO/SB/02A (3-97)

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Patrick

LEMAY

Inventor's Signature

Date

6/3/2002

Residence:

City Sherbrooke State Québec Country Canada Citizenship Canadian

Post Office Address 840, rue Léo Laliberté Apt. 101

City Sherbrooke

Province
or State

Québec

Postal Code
Or Zip

J1J 4J1

Country

Canada

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Stéphane

BILODEAU

Inventor's Signature

Date

6/3/2002

Residence:

City Fleurimont State Québec Country Canada Citizenship Canadian

Post Office Address 2901, rue des Zircons

City Fleurimont

Province
or State

Québec

Postal Code
Or Zip

J1G 4J2

Country

Canada

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence:

City _____ State _____ Country _____ Citizenship _____

Post Office Address _____

City _____

Province
or State

Postal Code
Or Zip

Coun
try

Additional inventors are being named on the

supplemental Additional Inventor(s) PTO/SB/02A attached hereto.